

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of:

Philippe DAMON, et al.

Serial No: 10/017,261

Filed: December 7, 2001



Date: September 22, 2006

Confirmation No: 6093

Group Art Unit: 2616

Examiner: Ho, Chuong T.

For: METHOD AND SYSTEM FOR PERFORMING ASYMMETRIC ADDRESS
TRANSLATION

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Applicant recognizes that in accordance with M.P.E.P. § 1302.14, the Examiner's reasons for allowance need not set forth all of the details as to why the claims are allowed. In the above-referenced application, Applicant does not concede that the Examiner's stated reasons for allowance are the only reasons for which the claims are allowable. In particular, Applicant does not concede that the identified limitations with respect to independent claims 1, 10 and 18 are the only grounds for patentability of the allowed claims. Furthermore, the claims may be patentable for other reasons. In addition, Applicant notes that the dependent claims may also be allowable on their own merits, and are allowable on the basis of a sub-combination of the recited features of the dependent claims and their respective base claims.

Respectfully submitted,

SAWYER LAW GROUP LLP

Joseph A. Sawyer, Jr.
Attorney for Applicant(s)

Reg. No. 30,801
(650) 493-4540

September 22, 2006
Date

TRANSMITTAL FORM

Attorney Docket No.

RAL920010012US1/2064P

In re the application of: **Philippe Damon, et al.**Confirmation No: **6093**Serial No: **10/017,261**Group Art Unit: **2616**Filed: **December 7, 2001**Examiner: **Ho, Chuong T.**For: **METHOD AND SYSTEM FOR PERFORMING ASYMMETRIC ADDRESS TRANSLATION**

ENCLOSURES (check all that apply)

| | | | | | | | |
|--------------------------|-------------------------------------|--|--|---|---|--|--|
| <input type="checkbox"/> | Amendment/Reply | <input type="checkbox"/> | Assignment and Recordation Cover Sheet | <input type="checkbox"/> | After Allowance Communication to Group | | |
| <input type="checkbox"/> | After Final | <input checked="" type="checkbox"/> | Part B-Issue Fee Transmittal | <input type="checkbox"/> | Appeal Communication to Board of Appeals and Interferences | | |
| <input type="checkbox"/> | Information disclosure statement | <input type="checkbox"/> | Letter to Draftsman | <input type="checkbox"/> | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | |
| <input type="checkbox"/> | Form 1449 | <input type="checkbox"/> | Replacement Drawings | <input type="checkbox"/> | Status Letter | | |
| <input type="checkbox"/> | (X) Copies of References | <input type="checkbox"/> | Petition | <input checked="" type="checkbox"/> | Postcard | | |
| <input type="checkbox"/> | Extension of Time Request * | <input type="checkbox"/> | Fee Address Indication Form | <input checked="" type="checkbox"/> | Other Enclosure(s) (please identify below): | | |
| <input type="checkbox"/> | Express Abandonment | <input type="checkbox"/> | Terminal Disclaimer | -Comments on Statement of Reasons for Allowance | | | |
| <input type="checkbox"/> | Certified Copy of Priority Doc | <input type="checkbox"/> | Power of Attorney and Revocation of Prior Powers | | | | |
| <input type="checkbox"/> | Response to Incomplete Appln | <input type="checkbox"/> | Change of Correspondence Address | | | | |
| <input type="checkbox"/> | Response to Missing Parts | *Extension of Term: Pursuant to 37 CFR 1.136, Applicant petitions the Commissioner to extend the time for response for xxxxx month(s), from to . | | | | | |
| <input type="checkbox"/> | Executed Declaration by Inventor(s) | | | | | | |

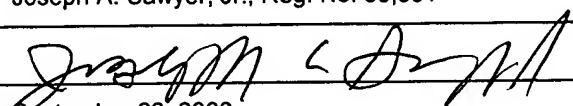
CLAIMS

| FOR | Claims Remaining | Highest # of Claims Previously Paid For | Extra Claims | RATE | FEE |
|--------------------|------------------|---|--------------|------------|---------|
| Total Claims | 15 | 20 | 0 | \$50.00 | \$ 0.00 |
| Independent Claims | 3 | 3 | 0 | \$200.00 | \$ 0.00 |
| | | | | Total Fees | \$ 0.00 |

METHOD OF PAYMENT

| | |
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| <input type="checkbox"/> | Check no. _____ in the amount of \$ _____ is enclosed for payment of fees. |
| <input checked="" type="checkbox"/> | Charge \$ 1703.00 to Deposit Account No. 50-0563 (IBM Corporation) for payment of fees. Issue Fee \$1400.00; Publication Fee \$300.00; Patent Copy \$3.00 |
| <input checked="" type="checkbox"/> | Charge any additional fees or credit any overpayment to Deposit Account No. 50-0563 (IBM Corporation) |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|---------------|---|
| Attorney Name | Joseph A. Sawyer, Jr., Reg. No. 30,801 |
| Signature |  |
| Date | September 22, 2006 |